

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91884 012 ***158.75

0436900 AV

DOCUMENT # P97000086414

1. Entity Name
STORZIERI ASSOCIATES, INC.



Principal Place of Business
**4625 SUGAR PINE DRIVE
BOCA RATON FL 33487**

Mailing Address
**4625 SUGAR PINE DRIVE
BOCA RATON FL 33487**

2. Principal Place of Business
15232 VALLEY VIEW DRIVE
Suite, Apt. #, etc.

3. Mailing Address
15232 VALLEY VIEW DRIVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH FL

City & State
CARMEL IN

4. FEI Number **65-0786074**

Applied For
Not Applicable

Zip **33426** Country

Zip **46032** Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STORZIERI, SANDRA M
4625 SUGAR PINE DRIVE
BOCA RATON FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

15232 VALLEY VIEW DRIVE

City

BOYNTON BEACH

FL

Zip Code

33426

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☐ Delete
NAME **STORZIERI, SANDRA**
STREET ADDRESS **4625 SUGAR PINE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15232 VALLEY VIEW DRIVE**
CITY-ST-ZIP **CARMEL IN 46032**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/03**

Daytime Phone #

CR2E034 (10/02)